

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial)

**A. Friends Of Lois Capps**

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Lois CappsOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 11553333

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Castle Campaign Fund**

Mailing Address P.O. Box 133

City  
WilmingtonState  
DEZip Code  
19899

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Michael N. CastleOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 11339527

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cleaver For Congress**

Mailing Address 2300 Main Street Suite 1000

City  
Kansas CityState  
MOZip Code  
64108

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Emanuel Cleaver, IIOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 5

Transaction ID: 11368691

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	5

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....